73-200

ROUTE SLIP

To:

1. _____ Bldg. _____
2. _____ Bldg. _____
3. _____ Bldg. _____

Date _____

____ Approval
____ Comment
____ Action

____ Note & Return
____ Note & File
____ Signature

____ As Requested
____ Per Conversation

Remarks:

Harold: This print of the autopsy permission was made from a negative I purchased from the Archives and which arrived yesterday.

Topeka lawyers still do not have prellmmary brief ready.

JN

FORWARDED
SEP 24 1 57 PM
PATHOLOGY & ONCOLOGY
UNIV. KANSAS MED. CENTER

From / To _____ Ext. _____

Bldg. _____

Circular A-63 (Rev.)

CLINICAL RECORD | AUTHORIZATION FOR POST-MORTEM EXAMINATION

In the event authorization for post-mortem examination is obtained by letter, telegram, or mechanically recorded telephone call, paragraphs 1 and 2 shall be completed by hospital authorities and the letter, telegram, or memorandum confirming telephone call of authorization attached to this form for permanent file.

NAME AND LOCATION OF HOSPITAL

1. U.S. Naval Hospital, Bet...

DATE: 22 November 1963

2. You are hereby authorized to perform a post-mortem examination on the remains of

John F. Kennedy
(Name of deceased)

Authority is also granted for the preservation and study of any and all tissues which may be removed. This authority shall be limited only by the conditions expressly stated below:

Signature of witness: [signature]

Address:

Signature: (Mrs) JOhn F. Kennedy
(Person authorized to consent)

Address: White House

Washington, D.C.

Authority to consent: Wife

The performance of the autopsy specified above is approved.

Signature: R.O. CANADA CAPT MC USN

Title: Commanding Officer

Date: 22 November 1963

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

AUTHORIZATION FOR POST-MORTEM
Standard Form 523